

TOPPS II Common Core Items
TIME ONE AND THREE: ADMISSION & FOLLOW_UP

1. Provider Identifier _____
2. ID No.:
3. SS No.:
4. Date of Admission (Month/Day/ Full Year)
5. Date of Interview (Month/Day/ Full Year)
6. Transaction Type
 - a. Initial admission (no treatment services other than detox in the past 30 days)
 - b. Change in service / transfer (client received treatment services other than detox in the past 30 days)
7. Gender: Male Female
8. Highest school grade completed:
Code 12 for GED, 13 and up for post high school.
9. Date of birth: (Month/Day/Full Year)
10. Of what ethnic group do you consider yourself?
1. Hispanic or Latino 2. Not Hispanic or Latino
11. Of what race do you consider yourself? (Select one or more)
1. American Indian or Alaska Native 2. Asian 3. Black or African American
4. Native Hawaiian or other Pacific Islander 5. White
12. Have you been in a controlled environment in past:
_____30 days _____6 months
 1. No
 2. Jail
 3. Alcohol/Drug Treatment
 4. Medical Treatment
 5. Psychiatric Treatment
 6. Other: _____(If in two or more controlled environments, answer should represent the one in which most time was spent.)
13. How many days? _____("NN" if Question 12 is "No". Refers to total number of days detained in the past 30 days.)
14. How many days have you stayed overnight in a hospital for medical problems in the past:
_____30 days _____6 months
(Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug and psychiatric hospitalization, and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems)).
15. How many days have you stayed overnight in a hospital for psychiatric problems in the past:
_____30 days _____6 months
16. How many days have you attended self-help groups (AA/NA/CA) in the past 30 days?_____

17. How many times have you visited an Emergency Room in the past:

_____30 days _____6 months

18. Pregnant at the time of admission? _____

X = Male 0=no N= Not sure, don't know 1=yes

19. If item 18 is "yes", In what month of your pregnancy did you begin pre-natal care? _____

N = did NOT begin pre-natal care

20. How many children do you have, aged 17 or less (birth or adopted) - whether they live with you or not? _____

If you have children aged 17 or less (birth or adopted), how many of these children spent the majority of the past:

21. living with you

_____30 days _____6 months

22. living with someone else because of a child protection court order?

Note - this refers only to child protection court - not divorce court

23. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?

_____30 days _____6 months

24. Employment Status

1. Employed Full-time (35 hours or more a week, includes Armed Forces)
2. Employed Part-time (less than 35 hours a week)
3. Unemployed, looking for work in the past 30 days, or on lay-off from job
4. Not in the Labor Force

25. Have you been enrolled in a vocational, training or educational program in the past:

_____30 days _____6 months

0= no, 1=yes

Must be a program where satisfactory completion results in a diploma, certificate, license or credential.

26. How many times have you been arrested in the past:

_____30 days _____6 months

Arrested means taken into police station and fingerprinted.

27. Living Arrangements

1. Homeless (no fixed address, includes shelters)
2. Dependent living (includes dependent children and adults living in a supervised setting; e.g., halfway houses, group homes)
3. Independent living

28. Primary Drug Problem

Drug Code _____

Frequency of Use Past 30 Days _____

Age of first use _____
Route of Administration _____

29. Secondary Drug Problem
Drug Code _____
Frequency of Use Past 30 Days _____
Age of first use _____
Route of Administration _____

30. Tertiary Drug Problem
Drug Code _____
Frequency of Use Past 30 Days _____
Age of first use _____
Route of Administration _____

Drug Code: Use drug number from laminated card

- a. None
- b. Alcohol
- c. Cocaine/crack
- d. Marijuana/hashish (this includes THC and any other cannabis sativa preparations)
- e. Heroin
- f. Non-prescription methadone
- g. Other opiates and synthetics (this includes codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects)
- h. PCP (phencylidine)
- i. Other hallucinogens (this includes LSD, DMT, STP, mescaline, psilocybin, peyote, etc.)
- j. Methamphetamine
- k. Other amphetamines (this includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs)
- l. Other stimulants
- m. Benzodiazepine (this includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clonazepam, and Halazepam)
- n. Other tranquilizers
- o. Barbiturates (this includes Phenobarbital, Seconal, Nembutal, etc.)
- p. Other sedatives or hypnotics (this includes chloral hydrate, Placidyl, Doriden, etc.)
- q. Inhalants (this includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.)
- r. Over-the-counter (this includes aspirin, cough syrup, Sominex, and any other legally obtained, nonprescription medication)
- s. Other

Frequency of Use Codes:

- a. No use past month
- b. 1 - 3 times past month
- c. 1 - 2 times/week
- d. 3 - 6 times/week
- e. Daily

Age at first use: Code age in years.

Route of Administration Codes:

- a. Oral
- b. Smoking
- c. Inhalation
- d. Injection (IV or Intramuscular)
- e. Other

TOPPS II Common Core Items

TIME TWO: DISCHARGE

1. Employment Status
 1. Employed Full-time (35 hours or more a week, includes Armed Forces)
 2. Employed Part-time (less than 35 hours a week)
 3. Unemployed, looking for work in the past 30 days, or on lay-off from job
 4. Not in the Labor Force

2. Living Arrangements
 1. Homeless (no fixed address, includes shelters)
 2. Dependent living (includes dependent children and adults living in a supervised setting; e.g., halfway houses, group homes)
 3. Independent living

3. Primary Drug Problem
Drug Code _____
Frequency of Use Past 30 Days _____
Age of first use _____
Route of Administration _____

4. Secondary Drug Problem
Drug Code _____
Frequency of Use Past 30 Days _____
Age of first use _____
Route of Administration _____

5. Tertiary Drug Problem
Drug Code _____
Frequency of Use Past 30 Days _____
Age of first use _____
Route of Administration _____

Drug Code: Use drug number from laminated card

- a. None
- b. Alcohol
- c. Cocaine/crack
- d. Marijuana/hashish (this includes THC and any other cannabis sativa preparations)
- e. Heroin
- f. Non-prescription methadone
- g. Other opiates and synthetics (this includes codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects)
- h. PCP (phencylidine)
- i. Other hallucinogens (this includes LSD, DMT, STP, mescaline, psilocybin, peyote, etc.)
- j. Methamphetamine
- k. Other amphetamines (this includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs)
- l. Other stimulants
- m. Benzodiazepine (this includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clonazepam, and Halazepam)
- n. Other tranquilizers
- o. Barbiturates (this includes Phenobarbital, Seconal, Nembutal, etc.)
- p. Other sedatives or hypnotics (this includes chloral hydrate, Placidyl, Doriden, etc.)
- q. Inhalants (this includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.)
- r. Over-the-counter (this includes aspirin, cough syrup, Sominex, and any other legally obtained, nonprescription medication)

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Frequency of Use Codes:

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